



**Career Services Program
Backdate Request Form**

Parent Information

Date: _____ Office: _____ Worker Name: _____

Parent Name: _____ Seeker ID: _____

Select the type of CSP backdate request:

- | | |
|--|------------------------|
| <input type="checkbox"/> Enrollment | Date of Service: _____ |
| <input type="checkbox"/> 4 th Month Interview | Date of Service: _____ |
| <input type="checkbox"/> 6 th Month Interview | Date of Service: _____ |

Request Justification

Describe the reason(s) or circumstances creating the need to backdate the CSP service.

Compliance Plan

Describe what steps you will take to avoid the need for backdating CSP services in the future.

Supervisor's Name: _____

Date: _____

*******BACKDATE DECISION*******

Date: _____ Request Approved ☐

Request Denied ☐

Reason:

Decision Date: _____ Approving Authority Name: _____